

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3653

State File No.

Registrar's No.

FILED FEB 8 1943

Registration District No.

Primary Registration District No.

3072

14

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
714 N. Lafayette St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 Months (About) (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Carol A. Swanson

3. (b) If veteran, name war World War 3. (c) Social Security No. #

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha H. Swanson 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 29 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 31 If less than one day hr. min.

9. Birthplace Wakefield Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Mail Carrier

11. Industry or business

MOTHER FATHER { 12. Name Nels Swanson
13. Birthplace Unknown Sweeden
(City, town, or county) (State or foreign country)
14. Maiden name Christine Erickson
15. Birthplace Unknown Sweeden
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carol A. Swanson
(b) Address Marshall, Mo. (714 Nth. Lafay)
17. (a) Wausa (b) Date thereof Jan. 24, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wausa, Nebraska

18. (a) Signature of funeral director J. Leslie Perry
(b) Address Marshall, Mo.
19. (a) 1-23-43 (b) Mrs. T.O. Woodcock
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 714 N. Lafayette
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 20
year 1943 hour 6 minute 04 P.M.

21. I hereby certify that I attended the deceased from Jan 19 1943 to Jan 20 1943
that I last saw him alive on Jan 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death District Medical (Cema) 10 hrs.
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature Robert M. Woodcock (M. D. or other)
Address Marshall, Mo. Date signed 1-21-43

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-5-43

FEB 23 1943

FEB 19 1943

FEB 8 1943

FEB 26 1943

JUN 28 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3235

P. O. Address Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.